

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42045

10992

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roosevelt Hotel				d. STREET ADDRESS (If rural, give location). 12 4903 Delmar Blvd.			
3. NAME OF DECEASED (Type or Print)		a. (First) Vincent		b. (Middle) Langford		c. (Last) Brothers	
4. DATE OF DEATH		(Month) Dec. 23, 1950		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 14, 1901	
9. AGE (In years last birthday) 49		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary Treasury		10b. KIND OF BUSINESS OR INDUSTRY Ace Cab Co.		11. BIRTHPLACE (State or foreign country) Belleville, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Harvey Brothers		13b. MOTHER'S MAIDEN NAME Rose Langford		14. NAME OF HUSBAND OR WIFE Vera Brothers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vera Brothers 4942 Lotus Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 330 A M., from the causes and on the date stated above.							
23a. SIGNATURE Patricia E. Taylor Coran		(Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12. 23. 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG. DEC 24 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd	

DEC 21 1938

[Handwritten mark]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed

Thomas F. Penwick

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address

3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.